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Physical health status of elderly people in urban setting of Bhagalpur, Bihar

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Abstract

The objective of the study was to explore the physical health status of elderly people in urban setting of Bhagalpur, Bihar. 500 elderly respondents (Male=240 and female=260) age varying for 60 yrs. and above were selected from 350 household. Descriptive study method was used with self-structured questionnaire and survey tools (Schedule, Interviews, & Observation) were used to collect information. The study revealed that about three fourth (72.4%) of respondents perceived at least two health problems were found to vary among respondents according to sex near around (49.6 %) of respondents reported that they had of physical pain (joints, knee back, stomach etc.) as a major physical health problem.

Keywords: Elderly people, ageing, varistha nagrik, world assembly on ageing, physical health

Introduction

The simplest meaning of the word 'health' is the condition of being hale. WHO (1948) ^[1] defined health as: "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity." Albert and Catelli (1994) ^[2] stated that the term 'old age' is a multi- faceted and multi-disciplinary concept (cited as Weeks: 2005:368). It can be conceptualized on chronological, psychological, biological/physiological and socio-cultural and demographic points of view.

All persons age 60 and above were taken as the elderly in the world Assembly on Ageing held at Vienna (Austria) in 1982 (cited in weeks, 2005:367). Similarly, in the United Nations International Conferences on Ageing and Urbanization in 1991, the term elderly was defined as the population aged 60 years and above (UN, 1991). For international comparison, the population aged 65 years and above is categorized under the ageing population. But in the case of developing countries like India, the population aged 60 years and above is categorized under elderly population India is also facing a rapid demographic transition, resulting in a high enhancement of elderly population. According to UN (2015), India is the second largest country after china to bear elderly population (60+).

Material and Methods

Sample

All of the elderly people (aged 60+) of the Bhagalpur municipality area constituted the population of the study. In the survey total of 350 households of the area were visited and 500 elderly (Male=240 and female=260) aged 60 yrs. and above were interviewed individually.

Results

Physical health condition

The information about physical health condition of the respondents was collected by asking a close ended question about physical health condition (i.e. how is his/her health condition?). The information was reported on the basis of his/ her responses as he or she feels about his/her physical health condition.

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Table 1: Percentage distribution of elderly aged 60 years and above reporting at least two health problems according to age and sex

Background characteristics	Yes		No		Total	
	Number	%	Number	%	Number	%
Sex						
Male	168	70.0	72	30.0	240	100
Female	180	75.0	80	25.0	260	100
Age group						
60-63	115	62.2	70	37.8	185	100
64-67	153	81.4	35	18.6	188	100
68-71	51	67.9	24	32.1	75	100
72-75	43	82.4	9	18.0	52	100
Total	362	72.4	138	27.6	500	100

Table 1 shows the percentage distribution of respondents reporting their physical health problems in the study area. About three fourth (72.4%) of respondents reported that they perceived at least two health problem. The perceived health problems were found to vary among respondents suffered (75%) from at least two health problem compared to male respondents (70%) in the study area. There was found

curvilinear relationship between perceived health and age group of respondents it was found highest (82.4%) among the respondents aged 72-75 and the lowest 62.2% for the age group 60-63.

Major physical health problems

Table 2: Percentage distribution of elderly aged 60 years and above with major health problems according to sex

Diseases	Male			Female			Total		
	Yes	No	N*	Yes	No	N*	Yes	No	N*
Physical pain (Joints, knee, back stomach, etc.)	42.3	57.7	168	51.6	48.4	180	47.9	52.1	348
Gastric	22.1	77.9	168	31.0	69.0	180	27.4	72.6	348
Respiratory diseases	22.2	77.8	168	21.3	78.7	180	21.6	78.4	348
Eye problem	19.2	80.8	168	18.7	81.3	180	19.3	80.7	348
Sugar	10.6	89.4	168	7.7	92.3	180	8.8	91.2	348
Blood Pressure	8.7	91.3	168	9.0	91.0	180	8.9	91.1	348
Heart diseases	2.9	97.1	168	6.5	93.5	180	5.4	94.6	348
Kidney/Urinary	3.8	96.2	168	1.3	98.7	180	3.1	96.9	348
Others	14.5	85.6	168	11.0	89.0	180	12.5	87.5	348

*Note:** These are the respondents among those who have any physical health problems at present

Table 2 shows the percentage distribution of respondents with major health problems according to sex. Near around half (48%) of respondents reported that they had physical pain (Joints, knee, back, stomach etc.) followed by gastric (27%), respiratory disease (22%) and eye problems (19%). The prevalence of types of major health problems were found to vary according to sex of the respondents in the study area. About thirteen percent reported in 'others' category which includes skin disease, ulcer, cough, leg swelling, headache jaundice, stone hernia, babasir, bone decay related problems. More female respondents reported physical pain, gastric, respiratory disease blood pressure and heart diseases compared to male respondents in the study area

Conclusion

The findings of the study have revealed that majority of elderly people perceived at least two health problem. It was found that more female elderly suffered from a list two physical health problem as compared to male elderly. Among the various physical pain (e.g., joints, knee and stomach). The prevalence of physical pain, gastric and kidney problems were found more in female respondents as compared to male elderly. On the other hand, eye problems, sugar and kidney problems were found more in male elderly as compared to female elderly.

Poor economic condition was found to be the main barrier to good health status of elderly in the area of study. The other barriers were illiteracy among respondents, lack of safe drinking water facility, faulty dietary habits and large family size etc.

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